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17

Application Number

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10/766,723 Filing Date January 27, 2004 First Named Inventor Steven O. MARKEL Art Unit 2178 Examiner Name D. Faber Attorney Docket Number 577172001900

ENCLOSURES (Check all that apply)									
X Fee Transi	mittal Form	X Replacement Drawing (FIC	G. 4)	After Allowance Communication to TC					
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences					
X Amendme	nt/Reply	Petition	ļ	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After	r Final	Petition to Convert to a Provisional Application		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence		Status Letter					
X Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):					
Express Abandonment Request		Request for Refund		Return Receipt Postcard					
Information Disclosure Statement		CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Landscape Table on CD							
Reply to Missing Parts/ Incomplete Application		Remarks							
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	MORRISON & FOERSTER LLP								
Signature	an								
Printed name	Adam Keser								
Date	August 7, 2006		Reg. No.	54,217					

Under the Paperwork Reduction Act

PTO/SB/17 (01-06)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number													
Fees pursuants (1) Composited Appropriations Act, 2005 (H.R. 4818).				Complete if Known									
FEE TRANSMITTAL						10/766,723							
				Filing Date		January 27, 2004							
For FY 2006				First Named Inventor		Steven O. MARKEL							
	—L	xaminer Name		D. Faber									
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2178	3							
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 577172001									
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP													
For the	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)													
	G, SEARCH, AND E												
	FI	LING FEES	SEAF	RCH FEES	EXAMIN	NATION FEES							
Application Ty	/pe Fee (\$	Small Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fage I	Paid (\$)					
Utility	300	150	500	250	200	100	1003	aid (V)					
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue			500	250	600	•							
1	300	150				300							
Provisional	200	100	0	0	0	0		Cmall Entite					
2. EXCESS CLA Fee Description							Fee (\$)	Small Entity Fee (\$)					
	50	25											
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								100					
Multiple depend		ading troiseass,					200 360	180					
				Paid (\$) <u>Multiple Depen</u>			lent Claims						
25	Fee (\$) Fee Paid (\$)			<u>5)</u>									
HP = highest num	ber of total claims paid for	r, if greater than 20.						_					
Indep. Claims	Extra Claims		Fee Pa	id (\$)									
HP = highest num	·	paid for, if greater than 3.											
i i	•	, pana ivi, ii greater triali 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer													
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)													
<u> </u>	100 =	/50	(r	ound up to a who	le number)	x	-						
4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00													
SUBMITTED BY		 	R	egistration No.	E4 045	T	(700) 70	0.7001					
Signature	and I			(Attomey/Agent) 54,217 Telephone (703) 780-7									
Name (Print/Type)	Adam Keser					Date	August 7	7, 2006					